

216019348
97385

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 105	Agency Case No. B6-041246	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/12/2016		TIME OF ACCIDENT 0754	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0756	05/12/2016								
B	55	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 40th, Van Dorn to Pawnee			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE							
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION									
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
		170.00		X		Van Dorn							
V1/M	02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
VEHICLE NO. 1													
F	1	DRIVER LICENSE NO.	G02045300	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
V1/N	1	DRIVER	M J HEADRICK	PHONE	402 489-2119	LOCAL NO.							
V2/N	1	DRIVER ADDRESS	7917 A ST, LINCOLN, NE 68510	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/17/1946							
G	3	OWNER	M J HEADRICK	PHONE	402 489-219	LOCAL NO.							
H	5	OWNER ADDRESS	7917 A st, Lincoln, NE 68510	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB515617							
V1/O	3	LICENSE PLATE	PA NO. SSM823	YEAR (Plate Expires)	2017	STATE (Of Plate) NE							
V2/O	2	VEHICLE	2016	MAKE	Honda	MODEL	AXL	BODY STYLE	4 door Sedan	COLOR	black	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 4000
V1/O	3	VEHICLE ID NO. (VIN)	1HGCR3F88GA013845	INSURANCE COMPANY			State Farm						
V2/O	2	TOWED TO	Dillion	TOWED BY	Capital Towing	POLICY NO.	0001969E0427						
VEHICLE NO. 2													
I	1	DRIVER LICENSE NO.	V00237676	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
V1/P	1	DRIVER	BRIAN J KOENIG	PHONE	402 617-0771	LOCAL NO.							
V2/P	1	DRIVER ADDRESS	2045 RYONS ST, LINCOLN, NE 68502	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	12/19/1975							
J	01	OWNER	BRIAN J KOENIG	PHONE	402 617-0771	LOCAL NO.							
V1/Q	1	OWNER ADDRESS	2045 Ryons, Lincoln, NE 68502	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.							
V2/Q	4	LICENSE PLATE	TE NO. SUD158	YEAR (Plate Expires)	2017	STATE (Of Plate) NE							
V2/Q	4	VEHICLE	2007	MAKE	Nissan	MODEL	CEO	BODY STYLE	Pickup truck	COLOR	gray	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1600
K	01	VEHICLE ID NO. (VIN)	1N6AD07W37C451285	INSURANCE COMPANY			Geico						
K	01	TOWED TO		TOWED BY		POLICY NO.	4191039348						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-041246



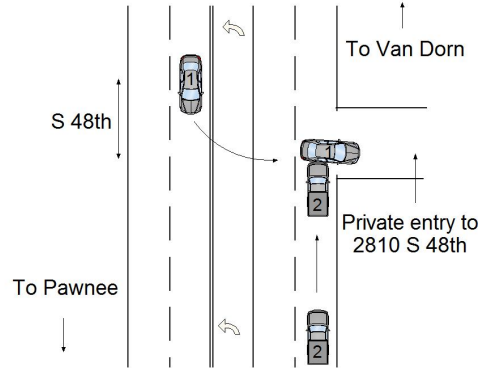
Indicate
North
by Arrow



POI- 170' S of S curb of Van Dorn
7' W of E curb of S 48th

Neither veh moved

No visible skids



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 said she was SB on S 48th stopped in the inside lane to turn left into the private driveway of 2810 S 48th. D1 said NB traffic in the inside lane had stopped and allowed her access to turn left. D1 did not see any other NB cars and began to turn left. D1 said as she crossed the NB outside lane, her veh was struck by V2. D1 did not see V2 prior to impact. D2 said he was NB on S 48th in the outside lane going with the flow of traffic. D2 said he was south of the private drive when he obs V1 turning left in front of him. D2 said he applied his brakes, but the cars collided.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)						VEH 1	VEH 2
1		X			S 48th			2		2		1	1
2	X				S 48th			1		1		1	1
1	06	06 Turning left				VEHICLE 1	VEHICLE 2	1 Deployed - front		1 None used - vehicle occupant		Driver No. 1	
2	01	08 Entering traffic lane				POINT OF IMPACT	03	POINT OF IMPACT	01	2 Lap & shoulder belt used		Driver No. 2	
						MOST DAMAGED AREA	03	MOST DAMAGED AREA	01	3 Shoulder belt only used		Pedestrian	
						00 None	02	03	04	4 Lap belt only used			
						09 Top & windows	01	05	06	5 Child safety seat used			
						10 Undercarriage	08	07	06	6 Child booster seat used			
						11 Total (all areas)			7 DOT approved helmet used				
						12 Other			8 Costume helmet used				
										9 Restraint use unknown			

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
Y		Y	Y
N	X	N	N
BAC LEVEL			
ALCOHOL/DRUGS SUSPECTED			
1 Neither alcohol nor drugs suspected			
2 Yes - alcohol suspected			
3 Yes - drugs suspected			
4 Yes - alcohol & drugs suspected			
5 Unknown			

OFFICER NO. 875	TROOP/TEAM/BEAT 5	DEPARTMENT Lincoln Police Department	Photographs taken? YES NO
INVESTIGATOR NAME (Print or Type) Jeff Hahne		INVESTIGATOR SIGNATURE Approved by Officer Jeff Hahne	DATE OF REPORT 05/12/2016